

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 90

Registrar's No. 10

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 127 N. Sutherland
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 45 yrs.; in Arizona 45 yrs.
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
 (If outside city limits also write RURAL)

(d) Street No. 127 N. Sutherland (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Koka H. Pearson (b) If Veteran name war SPANISH AMERICAN WAR If Yes, which country _____
 Social Security No. NONE (If NONE write the word)

4. Sex Male	5. Color or Race White	6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Leona J. Pearson		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased March 15 1876 (Month) (Day) (Year)		
8. AGE: Years 70	Months 9	Days 22 If less than one day hrs. _____ min. _____
9. Birthplace Kokomo Indiana (City, town or county) (State or Country)		
10. Usual Occupation Copper Miner		
11. Industry or Business _____		
Father	12. Name John Pearson	
	13. Birthplace Unknown (City, town or county) (State or Country)	
Mother	14. Maiden Name Unknown	
	15. Birthplace Unknown (City, town or county) (State or Country)	

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **Jan. 6 1947**
 TIME (Hour and minute) **12 A.M.**

21. I hereby certify that I attended the deceased from **Jan 1 1947** to **Jan 6 1947**
 that I last saw him alive on **Jan 6 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Silicosis & Pulmonary Tuberculosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

many years

PHYSICIAN

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Leona J. Pearson
 (b) Address 127 N. Sutherland Globe

17. (a) Burial, Cremation or Removal **Removal**
 (b) Place Rest for Avenir (c) Date Jan 11 1947

18. (a) Embalmer's Signature _____
 (b) Funeral Director _____
 (c) Address _____

19. (a) Jan 7 1947
 (Date received local Registrar)

(b) Irma Wauson
 (Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Walter Osmer M. D.
 Address Globe Ariz Date signed Jan 7 1947